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Tonsils and Adenoids Treatment and Cure

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Tonsils and Adenoids

Treatment and Cure

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Richard B. Faulkner, M. D.

Tonsils and Adenoids

Treatment and Cure

From the Standpoint of the Physician and Laryngologist

In Preference to that of the Surgeon and Laryngectomist

BY

RICHARD B. FAULKNER, M. D., (Columbia University)

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TREATMENT AND CURE.

Under the law of *Hammurabi, King of Babylon,* B. C. 2285-2242, surgeons who made mistakes had their hands cut off. If that were the law now, many surgeons would lose their hands.

Celsus, a famous physician, who lived B. C. 400, grew a long, sharp, finger nail, with which he cut out tonsils, as you would turn out an egg from the shell. In the course of centuries, the operation for the removal of tonsils was revived, several times. It is again revived, in America.

To cure tonsils, or adenoids, it is necessary to know what they are, what they do, and what deranges them. It is a question of knowledge; and with this as their guide, surgeons would save their hands, even though the law of *Hammurabi* were revived.

There are *three sets* of *circulating channels* in the human body, arteries, veins *and lymphatics. Through the latter flows a fluid, called lymph, which protects the system from germs and other harmful matter.* The lymph fluid contains a vast number of lymph *cells,* the duty of which is to attack and destroy germs and other poisons. Attached to the lymphatic canals are countless numbers of little bodies, called *adenoids* (86*). These are divided, according to size, into three classes. The largest are named *tonsils,* the medium, *lymph nodes,* and the smallest, *lymph nodules.* (87) *They are filters.* Germs and other harmful matter which in any way get into the lymphatic canals are carried along until an adenoid is reached, and here they are deposited and destroyed, while the lymph itself passes on. While

*Note. The figures in the body of the text refer to pages in my book, on "The Tonsils and the Voice." The reader is advised, in every instance, to refer to the page indicated and read what is there set forth.

thus engaged in filtration, adenoids swell. The amount of swelling is in direct proportion to the protective work they are doing. There is no other reason for their enlargement. (88.)

There are six prominent tonsils. In the back of the mouth there are three; one on each sidewall, named the *faucial,* and one on the back of the tongue, named the *tongue* tonsil. Behind the nasal passages there are three; one attached to the roof, named the *pharyngeal;* and one surrounding the orifice of each Eustachian tube, named the *tubal.* These six, connected by lymphatic canals, are known as *Waldeyer's lymphatic ring.* (9) Connected with this ring, there is another, formed of smaller but similar bodies (*lymph nodes*) and yet beyond this secondary ring, there are countless thousands of still smaller bodies (*lymph nodules*), scattered about in and underneath the lining membranes of the mouth and the parts behind the nasal passages. (9, 87)

The *faucial* tonsils are quite separate and distinct from the others that help to make up the *Waldeyer ring.* 12) They are *suspended* in the center of a framework of active and important muscles. They change in position constantly in singing, speaking and swallowing. (15) They change position rapidly and with great facility. (47) They are covered and protected by a strong, tough capsule into which muscular fibres are inserted. (13 Each one of these tonsils consists of a small group of lymph nodes, of an oblong shape. These are bound together; and as the tonsil rests in its natural position in the back of the mouth, its surface presents irregular depressions. The surface is covered over with the mucous membrane that lines the mouth. This membrane dips down into, and lines the depressions, pits, or trenches, formed by the binding together of the nodes. The general appearance

of the tonsillar surface is that of several oblong knobs, with trenches between them. These little trenches are now called *fossulae,* by the *Anatomical Society.* These fossulae are not bent, but are quite straight and simple. They do not *penetrate the tonsil.* They are *not* "holes" in the tonsil. (37) The structure of these tonsils differs absolutely from that of all other tonsils. *Through* their *outer surface, they absorb nothing.* (13, 126) They have no *facilities for* absorption through their outer surface. The capsule, also, *prevents* absorption. (124) In the *interior* of these tonsils, *there is a system of closed lymphatic canals* (123), *which connects with the lining of the nose.* There is also *a direct communication between the interiors* of the two faucial tonsils, by lymphatic canals. (17)

The faucial tonsils become diseased from six sources: *primary,* by infection from the mouth; *secondary,* from the nose; *symptomatic,* from the blood; *reflex,* through the nerves; *mechanical,* by pressure; and by *new growths.*

ACUTE FOSSULITIS:

erroneously called, acute tonsillitis. This is an inflammation of the mucous membrane that *covers the outer surface* of the tonsil and *lines the fossulae.* (29) It is caused by direct infection from a filthy mouth, filthy teeth and gums, and filthy nose. (29) Filthy matter (containing pus-producing germs, the yellow and white micrococci, staphylococci and streptococci) accumulates in the fossular trenches.

The disease is sometimes associated with secondary trouble in the *interior* of the tonsil, carried from the *nose* by way of the lymphatic canals.

Symptoms. The throat feels sore in swallowing, dry, scratchy, with sometimes slight swelling and pain below the angle of the jaw. One or several gray or yellow spots appear on one or both tonsils; they are the open mouths

of fossulae, filled with filthy matter. The tonsils are slightly reddened, and sometimes moderately swollen.

In aggravated cases, the tonsils are considerably enlarged, red, painful, and the entire back part of the mouth is inflamed, with painful swallowing, and the accumulation of filthy, sticky, mucus. There is headache, backache, slight rise in temperature, with general weakness. In "brashy" children, the temperature will sometimes run high suddenly, and then drop down just as quickly. The disease lasts three to six days.

For details in diagnosis of *primary* affections, I refer readers to pages 273, 280, 281, 282 and 283, of my work on *"The Tonsils and The Voice."*

Treatment. The filthy fossulae should be thoroughly washed out, with a small syringe having a long, curved nozzle, using the solution of borax (A*), followed by the solution of resorcin (J) or of zinc (H). A wad of absorbent cotton, held in the grasp of long, curved forceps, should be saturated with either the resorcin or zinc solution applied and rubbed well into the fossulae and the surface of the tonsil. The filthy matter is sometimes removed from the fossulae by aero-suction with an air pump, made especially for this purpose. If any fossulae are plugged with hardened matter, or contain pus, they should be opened, cleansed and sterilized. (J) Rigid hygiene of the mouth and nasal passages should be enforced, (306) and the gums and necks of the teeth kept free from particles of decomposing food. The bowels should be regulated by dieting, and in children by giving after each meal, one teaspoonful of spiced syrup of rhubarb. The linings of the fossulae and the surface of the tonsils should then be hardened by galvano-cautery.

*Note. The capital letters in brackets in the text refer to prescriptions at the end of this work.

In aggravated cases (361), the filthy, slimy mouth should be rinsed or sprayed with a saturated solution of bicarbonate of soda (B), followed with the application of guaiacol (K), and then with the application of suprarenal extract (G). These measures, repeated once or twice daily, will rapidly abate the condition. If improvement is not prompt, then assist with the administration of iron (O). When the bowels are constipated, and the tongue coated, at the beginning of treatment a dose of solution of citrate of magnesia acts well, or a dose of epsom salts. For severe headache, with rise in temperature, five grains of acetanilide may be given to an adult, once or twice daily, until relieved. For children, a half teaspoonful of spirit of Mindererus, in a little water, every two or three hours.

CHRONIC FOSSULITIS:

also erroneously called chronic tonsillitis. This condition is noted by the constant appearance of dirty gray or yellow plugs hanging from the mouths of one or more fossulae. When they are thrown out, they have both a foul odor and taste. A filthy mouth, teeth, nose and the crowding of the fossulae with filthy matter, prolongs the complaint. The fossulae should be washed out, and sterilized daily, or with sufficient frequency to keep them absolutely clean. The mouth and nose must be kept clean and constantly sterilized. Good dentistry is of great value.

If the mucous membrane that covers the surface of the tonsil and which acts as a lining for the fossulae becomes easily inflamed, we have no right to say, as most doctors do say, that the tonsil is a menace to the entire human system, and that it should be cut out. Even if it were true that the tonsil, on such account, is a constant danger to the general health, we cannot conclude that, for such reason,

it should be destroyed; but that, upon the contrary, if we should know of any human organ that becomes easily affected, it should not be destroyed, but we should try to protect it as much as possible against the danger of infection, which, in the case of the tonsil, is not so difficult to do. The mucous membrane that lines the fossulae and covers the surface of the tonsil should be hardened, and thus made more resistant to infectious germs. The application of galvano-cautery is the very best remedy with which to *harden* the membrane. The proper applications are *superficial, painless, protective* and *preservative*. They should not be deep and destructive (362). By *this* method of galvano-cautery, *the tonsil is cured* and *not* destroyed. (40, 361, 362). The general system should be hardened by regulated exercise, good food, fresh air, etc. In all cases of primary inflammation of the tonsil, the operation for removal cannot be too strongly condemned.

SECONDARY DISEASES

affect the *interior* of the tonsils, and are caused by infectious matter carried into them from a filthy nose, by way of the lymphatic canals; (83) also from infections by way of the blood (37); and also by infection from abscesses that occur in the vicinity of the tonsil. (83, 284)

The researches of *Menzer* are here of great value (33, 277, 282, 283). They prove that just in that particular disease (articular rheumatism) wherein the entrance of germs *through* the tonsil was considered assured, the infection actually enters through *adjoining* tissues, through the *countless thousands* of *lymphatic nodes* and *nodules* of the neighborhood, while the tonsils only become diseased *secondarily* from the blood, or by way of the lymphatic canals leading from the nose. Thus we see that rheumatism *does not* enter

through the tonsils. (33) Most infections in the tonsil are secondary, and mostly from the nose. (33, 37, 38)

Germs are always present in the nose in nasal catarrh, during attacks of cold in the head, after nasal operations, and in all babies and children who constantly sniffle. In these cases, the tonsils are always infected, swollen, painful and tender. (90) But these tonsils are *not* inflamed. Their interiors are rarely inflamed; they rarely form pus. (143, 358) The swelling, pain and tenderness *indicate* the *salutary* filter action of the tonsils. (90) There is always an immediate improvement and prompt subsidence of the tonsillar condition after cleansing and sterilizing the nasal passages. (307, 308, 309) Mop the nose at least twice daily with cotton, saturated with solution (A). Rinse the mouth with the same solution, and apply (H) or (J) to the tonsils.

For acute cold in the head, cleanse and sterilize the nose and mouth; apply ointment (C) or powder (F), and administer (N). Chronic nasal catarrh should be treated and cured; cleanliness is the first essential.

SYMPTOMATIC DISEASES

arise from infection of the blood, tuberculosis, scarlet fever, rheumatism, etc. (81) They are called symptomatic to distinguish them from secondary affections, which latter may be *directly traced to another locality.*

The treatment of the tonsil involves that of the general complaint, with enforcement of cleanliness in the nose and mouth and the application of antiseptics to the tonsil (A. H. J.).

REFLEX DISEASES

are so frequent, so important and so little understood by physicians, that it is deemed best to refer all readers to

page 286 of my book for more detailed information. It is not uncommon for the tonsils to become painful or swollen and painful, without apparent cause. Pain anywhere, not associated with increased temperature, must be looked upon as reflex. (290) It is common experience to see the face swelled, the jaw set, the muscles of the pharynx contracted, the masseter muscle pressing firmly against and causing pain in the tonsil, with an inability to open widely the mouth, and all as a reflex from an aching tooth. (290)

I have seen streams of pus pouring from the mouths of the fossulae, associated as a reflex, in cases of erupting molar teeth. In one case which I saw, very recently, of a lady, aged twenty years, the left tonsil was greatly swollen, the pain in it was excruciating, and streams of creamy pus were pouring from the fossulae; and at the same time, she developed many most excruciatingly painful areas of reflex. These areas were behind the left ear, over the sterno-cleido-mastoid muscle in the neck, over the middle of the left collar bone, over the rib region of the back, over the pit of the stomach, and in the lower bowel. The muscles were contracted and stood out like whip-cords in the neck, over the collar bone, and as large as the index finger over the stomach. Finger pressure over any one of these painful areas brought tears and symptoms of fainting, with a most vigorous protest. She was on the verge of collapse. In a few hours, she cut a wisdom tooth, *whereupon the tonsillar trouble, with all of the wonderful associated reflexes, immediately disappeared.* The treatment consisted in the application of campho-phenique to the swollen gum, which gave comfort by relieving the pressure of the tooth against the gum. This was followed by the application of tincture of iodine. I have seen other similar, but less severe, cases.

There are four periods in the development of the teeth, when the tonsils become slightly enlarged, painful and

tender, without inflammation, or evidence of suppuration. These four periods correspond to the times when four groups of molar teeth are in process of cutting through. These periods are, with little variation, at two years, six, twelve and seventeen. The enlargement of the tonsils coincides definitely with these four periods. (110) In these cases, there is no infection of either the interior, or the outer surface of the tonsils. They are nerve reflexes. After cutting the teeth, the tonsils immediately return to their normal condition. Treatment with borax solution (A), resorcin (J) and campho-phenique is sufficient.

After operation for the removal of tonsils, contractions of the wounds take place, and extensive adhesions form, leading to distortion of the parts, and over-stretching of the muscles and mucous membranes, causing endless reflex disorders. (292) For most of these contractions, distortions and reflexes, there is no relief. Stomach and bowel trouble, constipation, and intestinal worms, cause many reflex disturbances of the tonsil. In all cases of reflex disease of the tonsil, the source of the reflex should be sought for and removed. Of course, in these cases, it would be an unpardonable surgical blunder to remove the tonsil.

MECHANICAL DISORDERS

arise from mis-use of the voice, pressure from the cutting of wisdom teeth, and pressure from the abscesses that form in quinsy. Many voice users present the following symptoms: catarrh of the pharynx and larynx, with congested mucous membranes; arches of the palate swollen; epiglottis swollen and red; vocal cords thickened and red; lining of the trachea congested; ulcerations occur; congestion in the trachea extends upward into the nasal passages, involving the Eustachian tubes and the middle ear in a general subacute inflammation; huskiness of the voice; paralysis of the

muscles of the larynx, and of the vocal cords; formation of singer's nodes. The real cause of the above conditions consists, not in a long continued use of the vocal organs, *but in a faulty way of using them.* The trouble is purely functional.

In my work, pages 46 to 67, I have explained at length the importance of the *mechanical, acoustic* and *phonetic functions of the tonsil. These* functions, with their derangements, have never before even been mentioned in the whole range of medical literature. The science of voice mechanism, and the phenomena of speech and song, do not belong to the physician's art. But the voice profession points with pride and justice to the scientific contributions of its masters upon this subject. *Garcia* laid the foundation of scientific laryngology. (184, 185, 186) And to the masters in *his* profession we may wisely continue to appeal for instruction.

Mechanical affections of the tonsil, associated with the mis-use of the voice, are beyond the realm of the medical profession. Maladies of the timbre, of the middle register, of solidity, intensity, compass, agility, tremolo, the medium out of balance, the transition missed, the vanished mezzo-tone, are difficult problems. (299, 317, 319) *These* troubles are not noted or described in medical books. Their remedy requires the application of a correct method of voice production. They tax to the limit the knowledge and experience of the *voice teacher,* for the *slightest* error in treatment may injure the voice permanently. (301)

The voice mechanician and the expert laryngologist may also be called into counsel. But the ordinary throat specialist, and the *laryngectomist*—ever ready with his knife—*never.* To all whose voices are affected, I urge the study of the chapters in my work, on pages 181 to 240, the *Six Voice Questions,* 241 to 271, and the *Hygiene of the Tonsils and of The Voice,* 306 to 327.

Voice users' tonsils require more consideration and less treatment than those of other persons. There are no times at which a voice user's throat requires surgical treatment, with any assurance of improving the voice. Large tonsils in elder professional singers should *never* be removed. (368) Many voices are ruined by ignorant throat specialists.

Tonsils are sometimes swollen and painful from direct pressure caused by the cutting of a wisdom tooth. They are sometimes swollen and painful and even pushed out of their natural position, by the direct pressure of the abscess that forms in quinsy. Relief of pressure corrects the condition; and in the meantime, apply (A. K. J.) and campho-phenique.

ENLARGED TONSILS.

All medical authorities agree that tonsils are unusually large in twenty per cent. of all persons between three and eighteen years of age, and that after the latter age, they naturally decrease in size. And the most eminent authorities have also declared *that children with large tonsils are generally very healthy, and that they are less easily affected by diphtheria than children with smaller tonsils.* (33) What is the explanation of these facts? On pages 86 to 90, in my book, I have shown that tonsils and adenoids are filters, and that they always swell when actively engaged in the process of filtration. On page 44, I have presented the proof that the *faucial* tonsils do *not absorb through their surface;* and on page 45, I have presented *the further proofs that they are infected through the blood, and that germs in the nose are carried to the interior of these tonsils by way of the lymphatic canals.* Therefore, I offer the following explanation as the proper cause of the enlargement of tonsils, between three and eighteen years of age. Before three years, babies receive constant care from their mothers. They are bathed regularly, and some effort is always made to

keep their noses and mouths clean. After three years, they are able to walk about, and they no longer receive quite the same care. As they grow older, they run more at large and indulge more in play. They waste no time on their toilet. Not until about sixteen to eighteen do they begin to feel more pride in their personal appearance, take pattern of the better groomed, and appreciate the value of a more careful toilet, and of a cleaner nose. Hence, from three to eighteen years is the most neglected period of life in regard to the cleanliness of the nose. During the period from three to eighteen years, the tonsils have more to filter and they enlarge for the purpose of performing that duty. Furthermore, those whose tonsils are enlarged during the period designated are unusually healthy and less affected by diphtheria, because their tonsils are actively engaged in filtration and the consequent prevention of infection by germs.

In natural breathing, the air goes in through the nose. It is, therefore, a prime necessity to keep the nose clean. *A free and open filthy nose is a constant source of danger.* The air we breathe is full of filth. It carries the germs of disease into all the breath passages. Thirty cubic inches are inhaled with every ordinary breath; there are eighteen breaths every minute, and 1080 every hour; 540 cubic inches of air are inhaled every minute, and 32,400 cubic inches every hour. (307) And all this goes, or should go, in through the nose. Wherever dust is raised, in the street, in factories, in schools, in hospitals, in homes, we inhale with the cloud large numbers of germs. (308) When we consider that all of the dust, germs and filth contained in this large volume of air are carried into the air passages and *deposited* upon the lining membranes, and that *none comes out,* it is not surprising that infections take place. The dust in the air we breathe causes disease in all the

breath passages. Disease of the air passages is chiefly a question of dust (29) Among Arctic explorers, in the regions of snow and ice, and the absence of dust, there is no record of disease in the breath passages, no colds, no laryngitis, no bronchitis, no pneumonia. Modern bacteriology teaches us that wherever a specific germ is to be found, the disease belongs to that germ. No matter what part of the body is affected, if the germ of tuberculosis is present, the disease is always tuberculosis. A knowledge of this fact makes treatment surer, prevention more certain, and mortality is greatly lessened. (82) I have shown that the germ of cerebro-spinal meningitis enters the system through the nose, by way of the *pharyngeal* tonsil (89) All tonsils *absorb through their outer surface, excepting the faucial.* Large tonsils are naturally very active tonsils; most highly protective. By their enlargement they sometimes cause embarrassment to breathing and swallowing, but this is no reason for cutting them out.

It is exceedingly rare that enlargement of the tonsils alone puts the life of the patient in such danger as to call for surgical removal. In those cases where sore throat is frequent, the patient is apt to bleed seriously if a cutting operation is attempted, and he will become subject to frequent sore throat thereafter. In these latter cases, where inflammations before operation are frequent, *it is best not to operate, but to adopt other and safer methods of treatment.* It is of the most absolute importance to avoid cutting operations upon infected tonsils. Here, galvano-puncture gives good results; size decreases rapidly; inflammations disappear. Before galvano-cautery, test the susceptibility of the patient. Some throats re-act greatly under the slightest cauterization. Under these conditions, begin with *very light points* of galvano-cautery; the condition of the next three days will indicate the degree of susceptibility.

During the galvano-cautery treatment, the tissues should be touched, daily, or morning and evening, with a concentrated solution of resorcin (I); the inflammation thus will disappear rapidly, and the locality is thoroughly antisepticised. During treatment with galvano-cautery or resorcin, I always give, internally, syrup of iodide of iron, ten drops after breakfast and supper, in a little water. The tonsil may present numerous affected fossulae. These should be freely exposed and galvano-cautery applied; but, if there are contra-indications, such as inflammation, then employ milder resorcin solution (J). Each fossula should be washed out, and then swabbed with a wad of cotton, saturated with resorcin solution.

Another successful method of treatment for infected tonsils is that of systematic swabbing twice a day with glycerite of tannin (L), for eight or ten days; and, at the same time, maintaining thorough sterilization of the nose with borax solution (A). Swabbing with tannin rapidly shrinks the tonsil, and lessens the dangers of hemorrhage. Shrinkage after tannin is sometimes so marked as to render any surgical operation unnecessary.

The teeth of larger children should be cared for, and diseased roots removed, to obtain a clean mouth. It is on these conditions that complications are avoided.

If, at the time of a proposed cutting operation, the tonsils are still inflamed, or the back of the mouth red and covered with mucus, *postpone the operation.* In operating, it is always best to leave the tonsil stumps in children, and especially in those under four years of age. The deeper part has not suffered as much as the superficial, and being liberated from adhesion to the pillars, it can easily regain its normal texture by subsequent medical treatment.

Beyond the age of seven or eight years, tonsils seldom

embarrass by their size, but inflammations are frequent. Here, all operations for removal are objectionable.

If the tonsil is large, smooth, without fossulae, the galvano-cautery puncture is the remedy *par excellence;* efficient and rapid. (350, 358, 359, 361, 362, 363, 364)

With a patient who bleeds easily, a cutting instrument should *never* be employed. With a tuberculous patient, we should always employ galvano-cautery and resorcin; *never* the knife.

When one part of the tonsil is enlarged, that part alone should be treated.

TREATMENT OF ADENOIDS.

Enlargement of the *pharyngeal tonsil* has received from the untutored various names, as "adenoids," "adenoid growths," "adenoid vegetations," etc. (89)

Besides the pharyngeal tonsil, there are thousands of *nodes* and *nodules* in its neighborhood, that often swell in unison with this tonsil. *They are all filters.*

Patients with adenoids are divided into three classes: (95)

1. Those in whom the pharyngeal tonsil is hard and very greatly enlarged.

This class forms hardly 8 per cent. of all patients. Removal has rendered and will render great service. But if obliged to repeat the operation several times, it becomes necessary to institute the resorcin treatment (I); it is the only way to render adenoids inactive. It removes all inflammation.

2. In the second class we include the patients in whom the growths are *soft, large and bleed readily under the pressure of the finger;* there is an interruption in the growth of the child, a deafness more or less persistent, and

an inaptitude for work. *These are readily cured by medical treatment.* The number of treatments varies with each patient.

3. The third class comprises those who with *slight enlargement* present in general only these symptoms, interrmittent deafness, mouth partly open, snoring at night. Resorcin will cause all symptoms to disappear.

Hospital patients are all comprised in the first class.

The treatment with resorcin is *curative, medical,* and *without danger.* With this treatment, relapses, *which are so frequent after cutting operations, do not occur.* It is not a simple inflammation that is cured by *this treatment;* if such were the case, there would be relapses, but these do not occur.

After ten or twelve treatments, one made each day, or every alternate day, the enlargements diminish greatly in volume and the patient is *soon completely cured.*

After the fourth or fifth treatment, the appearance of a mild sore throat is sometimes noted, which is transitory. The secretions should be removed, and we should wait two or three days before resuming treatment.

After this treatment, the patient is *less subject to attacks of sore throat.*

This treatment, *exempt from all danger,* renders great service when the physician *does not wish to perform the operation,* or when the operation is *impossible or dangerous.* The treatment is *perfectly applicable to children of all ages. There is no pain, and the child offers no resistance; inflammation does not follow;* the patient can eat and drink immediately after the treatment. *No accidents nor unpleasant incidents have ever happened.* Resorcin is antiseptic and without danger to the general health.

The resorcin employed is the chemically pure crystals: the solution is made with pure water; 100 per cent.

of each by weight; and another solution of half that strength for infants.

A wad of absorbent cotton is saturated with the solution, then pressed against the lip of the vial upon withdrawal, so that there will be no excess to flow over undesired parts. The cotton is held firmly in the grasp of properly curved forceps, passed into the mouth and behind the palate and pressed firmly upward against the adenoid enlargement. The parts touched become immediately covered with a white coating.

After the resorcin treatment, the child's spirits improve, deafness diminishes, incontinence of urine disappears, breathing is easier. The voice gains in timbre, and it becomes often impossible to recognize in the robust, intelligent and lively child, the little, puny, idle and apathetic child of several months before. It develops both mentally and physically.

Resorcin treatment can well replace the surgical method in over ninety-two per cent. of all patients. No deaths, no hemorrhages, no accidents of any kind are caused by resorcin treatment. It is easily given in the physician's office, or at the patient's home.

The operation for adenoids should never be undertaken, without serious consideration. It should never be performed in cases that cause no symptoms; (92) *never in patients known as bleeders.*

The results of operation will always be disappointing in cases that accompany nasal catarrh; with thickening of the lining of the nasal passages; in cases of narrow nostrils, and mis-shaped nose; in cases of irregular teeth; in deformity of the upper jaw; in deformity of the mouth and palate; in cases of deafness, with inflammation of the middle ear and with thickening and hardening of the linings of the ear passages; in affections of the ear drum; and

in all children with poor constitutions, improper or insufficient food, and bad hygienic surroundings.

THE TONGUE TONSIL

is situated on the back of the tongue. Its usual appearance is that of a group of scattered *nodes.* It is generally unobserved except with the laryngeal mirror. The nodes composing it are very active absorbents. It inflames, forms abscesses, and enlarges, the same as other tonsils. It is frequently troublesome, but being unseen, its troubles are blamed on the faucial tonsil. When inflamed, the whole base of the tongue sometimes swells, pains and becomes tender on pressure, and both swallowing and speech are difficult. Breathing is sometimes affected. Treatment is the same as that which I have advised for the faucial tonsil.

Abscesses should be opened with the galvanic knife; it has the advantages of thorough penetration, a free opening and efficient drainage, with safety.

Lingual goitre is developed at the expense of an accessory thyroid gland, and is usually accompanied by enlargement of the tongue tonsil.

In a patient referred to me for enlargement of this tonsil, it had attained the size of an ordinary hen's egg. It pressed upon the epiglottis, and interfered with breathing, speech and swallowing of food. I removed the growth with the galvanic knife by cutting down through its center, dividing it into two halves, and by then applying the knife flat and cutting from each side towards the median line. The result was entirely satisfactory.

The tongue tonsil is influenced by excesses in eating, drinking and the mis-use of the voice. It frequently inflames and swells and is obscurely troublesome in aged peo-

ple. Its neighborhood is a veritable trap for filth. It should be cleansed and medicated just like the faucial tonsil.

THE TUBAL TONSILS

are situated in the passages behind the nose, and they surround the orifices of the Eustachian tubes, which lead to the ear. They enlarge, like other tonsils. In the neighborhood of these tonsils there are countless nodes and nodules that readily swell. The mucous membrane that lines the post-nasal cavity is exquisitely sensitive: any and all diseases that obstruct the nasal passages lead to *passive, non-inflammatory swelling* of this membrane, which, in turn, occludes or partly closes the openings into the Eustachian tubes. *This passive, non-inflammatory swelling is the most important factor existing in the post-nasal cavity that leads to the production of ear troubles,* which latter are commonly and wrongly ascribed to "adenoids." (92, 93) Massage of the tubal tonsils, by means of the finger inserted behind the palate, is mentioned only to be condemned. (94)

The treatment of the tubal tonsils should follow, with exceeding care, along the same lines as already given for the faucial and pharyngeal.

QUINSY

is an infection of the *nodes* and *nodules* embraced in the secondary lymphatic ring (connected with Waldeyer's ring) (9), and of the countless nodes and nodules connected with the numerous lymphatic canals that extend still beyond the secondary ring.

At this point, it will be of interest to recall the suspended position of the faucial tonsil between the anterior and posterior arches of the palate. (Opp. 9). *Above* the

tonsil there is a *triangular space,* formed by the divergence of the arches, and *behind the anterior arch* there is a *depression* known as the *supra tonsillar fossa.* Below the tonsil is a *deep pit,* separating it from the tongue. Throughout all this region, there is a superficial and a deep set of lymphatic canals, nodes and nodules. Connected with these there is another chain that extends down the neck and under the sides of the tongue. These nodes and nodules are energetic absorbers of infectious matter. Between the faucial tonsils and the nodes and nodules that become inflamed in quinsy, there is no connection whatever, excepting that when the latter swell they then press upon the tonsils. When the nodes and nodules are inflamed, ignorant doctors call the trouble tonsillitis. In quinsy, there is a rapid infection of all those bodies. The infection is quickly followed by inflammation and an abscess in the *neighborhood* of the tonsil; above, in front, or below it. In most cases the abscess forms above, at the *upper border* of the tonsil, and often involves the soft palate. In rare instances, the abscess forms *behind* the tonsil. Abscess *of the tonsil itself,* is *rare,* but when pus is found escaping from the tonsil, it usually makes its exit from a fossula.

Quinsy is rare in infancy, and disappears with advancing age.

Symptoms. Preliminary chill, febrile disturbance, and feelings of depression. Pain in swallowing, rapidly increasing in severity. Increased flow of saliva. Thick, pasty coating on the tongue; breath offensive; loss of appetite, and constipation.

Inspection shows palatine arch on the affected side reddened, swollen, with a deep flush upon the lateral half of the soft palate. Bulging of the faucial lining. The tonsil is *pushed* out of its natural position between the palatine arches, by the inflamed and swollen condition of the

parts behind it. The displaced tonsil may almost block the entrance to the throat. The tonsil, itself, is sometimes reddened, but seldom much swollen, and careful observation will show that *it is not the center of disturbance.*

The voice is thick and indistinct; the glands in the neck swollen; and the neck is stiff and sore, while the mouth can be only partially opened on account of pain.

The disease lasts five or ten days. When the abscess forms, it is followed by quick relief. The abscess forms:

1. Most frequently *behind* the *anterior arch* of the palate, *above* the tonsil. It bulges at the upper and internal edges of the anterior arch. The tonsil is *pushed back* by the swelling *between* it and the anterior arch.

2. The next most frequent seat of the abscess is limited to the back arch, which becomes rounder and smoother, *pushing* the tonsil in *front* of it. In these cases, the anterior arch remains *absolutely healthy,* and the tonsil only slightly congested.

3. The *external peritonsillar abscess* is less common than the preceding, and more serious. The parotid, submaxillary, and occipital glands become rapidly affected. The tonsil is *pushed* into the *middle line.* The glands in the neck are more swollen than in the preceding form. Pus may escape through the pharyngeal aponeurosis.

4. The *inferior abscess* is situated *below* the tonsil, *between* it and the tongue tonsil, *behind* the *anterior* arch *towards its base.* The tonsil is *pushed upwards* against the anterior arch. Pain in swallowing is early and severe. The tongue becomes immovable. Infiltration takes place in the lateral wall, even extending to the epiglottis and the folds in the larynx. Pus gravitates and forms, a *lateral pharyngeal abscess,* of exceptional gravity.

The abscess that forms in quinsy does not open into the tonsil. Neither do abscesses in the tonsil open into

the maxillo-pharyngeal space. The fibrous capsule of the tonsil prevents it.

Treatment. Clean the nose and mouth with borax solution (A). Apply resorcin (I), followed by guaiacol (K), and suprarenal extract (G). Give iron internally (O). Rinse away accumulations of sticky mucus with soda water (B). If bowels are constipated, begin treatment wth solution of citrate of magnesia. If necessary to relieve pain, give acetanilide, one five-grain tablet, repeated in one hour if not relieved. No more than two or three tablets in one day, and none at all if the heart is weak. When the abscess forms, open it promptly. After the abscess has opened, treat with great care, to avoid adhesions.

After cutting operations for the removal of tonsils, attacks of quinsy are always more frequent. And they are often accompanied by more or less permanent enlargement of the glands (nodes and nodules) *in the neck.* (157, 162) When permanently enlarged, the phosphorated oil (P) has produced the best results.

Carcinoma (Cancer), sarcoma, fibro-enchondroma, cystoma, lymphadenoma, papiloma, lipoma and angioma are growths that usually require surgical attention.

Diphtheria requires anti-toxin.

Vincent's disease I have seen benefitted by radium and the X-Ray.

CAUTION!

The surgeon obtains no authority from the law to use his knife. No law conveys to one person the right to cut another. That's assault. Assault is punishable. The patient's permission is the surgeon's privilege. The surgeon's honor is a pledge. The surgeon must be reasonable; the law expects it; and the patient should exact it.

The surgeon's art unrecognized by law, his operation undefined, *there is, therefore, no statutory requirement, no explanation, no guide, no legal check nor statutory limit to a surgeon's performance.*

The law requires that the surgeon shall possess and use reasonable skill, learning and care, and that he shall advise against injudicious operations.

A leading throat specialist confessed to Professor *John N. Mackenzie,* Johns Hopkins University, "That, although holding views hostile to its performance, he was forced to remove the tonsils from every patient, in order to satisfy the popular craze and to save his practice from destruction." There are many such cases. The same unlawful practice is in style all over our land. *Mackenzie* expresses "the hope that not only the profession, *but that the public shall demand that this senseless slaughter be stopped.*"

Under the fake theory that "tonsils are full of holes, absorb germs, poison the blood, and cause rheumatism and heart disease," the public has been scared into the false belief that tonsils and adenoids have no right to exist; and that in every instance they should be removed.

By whom has the public been scared?

The *Metropolitan Life Insurance Company,* New York, advises removal; illiterate doctors in the public schools force operations upon children; popular magazines, through

mis-informed writers, advocate removal, and so does the daily press, through ignorant commentators.

The slaughter is opposed at every leading university in the world, by such distinguished educational authorities, as *Professors A. Jacobi,* Columbia; *Henry L. Swain,* Yale; *John N. Mackenzie,* Johns Hopkins; *E. L. Shurly,* Michigan; *Charles P. Grayson,* Pennsylvania; *Price-Brown,* Toronto; *Von Chiari* and *Von Schrotter,* Vienna; *Marage, Castex* and *Lermoyez,* the Sarbonne, Paris; *Escat, Toulouse; Moure,* Bordeaux; *Frankel, Von Levinstein* and *Richard Lowenberg,* Berlin; *Brieger* and *Gorke,* Breslau; *Sir Felix Semon* and *Sir St. Clair Thomson,* London; *Massei,* Naples; *Schmiegelow,* Copenhagen; *Barth,* Leipsig; *Von Baggen,* The Hague. (379, 380)

The public deserves and should receive of our universities and of their experienced sons, plain statements of facts, to guide and protect it, from an unskilled army of operators. The public has a right and should demand to be informed, as to operations that are proper and of the many that are not. It should be plainly advised in favor of treatment that is safe, sane and successful, and upon the contrary, thoroughly warned against operations that kill.

I am pleased with the cordial reception of my book on "The Tonsils and The Voice," by expert laryngologists, voice mechanicians, voice trainers and voice users, throughout the world.

This work, on "Tonsils and Adenoids; Treatment and Cure," is the result of many years of practical experience in the *medical treatment* of these organs, and from the standpoint of the physician and laryngologist, in preference to that of the surgeon and laryngectomist. It is published with the object of furnishing to thoughtful and con-

servative *physicians* a *medical treatment* for affected tonsils and adenoids, *which has already secured positive results,* and which can be depended upon to establish with those who adopt it, a reasonable unity in professional proceeding.

If *Dante* were alive, he would undoubtedly add a tenth cycle to his *Inferno,* deeper and hotter than the other nine, to which he would consign surgeons who are willing to shed your blood for the sake of a fee.

If what I have written, in my previous book and in this one, will result in drawing the attention of the medical profession and the great public to the surgical crimes that are being committed, and lead to the abandonment of these evil practices, mankind will be benefitted, my object will have been attained, and I shall be highly gratified.

(A) ℞

Powdered Borax	Grains 68
Essence of Peppermint	Minims 20
Warm water	One pint

A toilet requisite for the nose and mouth. A cleanser and sterilizer. Saturate a wad of absorbent cotton with the solution and carefully mop out the vestibule of the nose, morning and evening, or more frequently, when necessary. This method of keeping the nose clean is greatly preferred to that of using atomizers and douches, as the latter serves only to wash filthy matter farther in, and at the same time leads to trouble in the ears and antrum. The solution is also a very efficient gargle.

(B) ℞

Water	Ounces 4
Bicarbonate Soda, enough to saturate.	
Essence of Peppermint	m. 5

Used as a gargle in quinsy, it dissolves sticky mucus, and cleanses the throat of all foul secretions.

(C) ℞

Eucalyptus Oil (Binz)	m. 10
Menthol	gr. 1
Camphor	gr. 4
Superfine White Vaseline	oz 1

Relieves irritation and swelling of the lining of the nose, in children that sniffle and in acute colds. Apply a small quantity inside of both nostrils morning and evening.

(D) ℞

White Precipitate	gr. 3
Eucalyptus Oil (Binz)	m. 10
Menthol	gr. 3
Lanoline	dram 1
Superfine White Vaseline	dr. 7

Relieves irritation of nasal linings, with discharge of

mucus. Valuable in inflammation and obstruction of the nasal passages in babies and older children. Apply in the nose morning and evening.

(E) ℞

Lugol's Solution Iodine	dr. 1
Liquid Albolene Benzoinated	oz. 2

Shrinks swollen mucous membranes. Induces absorption of inflammatory thickening and relieves obstruction to breathing through the nose. Apply to the swollen membrane in the nose, on a wad of cotton, for five minutes, every day.

(F) ℞

Dried Suprarenal Gland	gr. 5
Menthol	gr. 3
Camphor	gr. 10
French Chalk	gr. 30
Powdered Acacia	dr. 7½

For acute cold in the head; apply in the nose, as a snuff, or with the powder blower, once or twice daily.

(G) ℞

Dried Suprarenal Gland	gr. 10
Orthoform (new)	gr. 10
Powdered sugar	dr. 3
Powdered Acacia	dr. 5

Stops pain. Reduces swelling. Apply to the tonsils with the powder blower, after galvano-cautery treatment. Also in cases of quinsy, and other painful affections, once or twice daily.

(H) ℞

Zinc Iodine	gr. 20
Distilled water	oz 1

Astringent. Induces absorption of inflammatory products. Reduces thickness and heaviness of the linings of

the throat, rendering them lighter and more elastic. Apply to the membranes on a cotton swab, twice a day. Useful in chronic inflammation of the throat.

(I) ℞

Resorcin, chemically pure,
Distilled water, of each, by weight ..... dr. 2

Cures inflamed fossulae. Reduces enlargement of tonsils and adenoids. Saturate a small wad of absorbent cotton with the solution, apply with suitable forceps, and press firmly against the affected parts. Be careful to press the cotton wad, in withdrawing from the vial, against its lip, to prevent supersaturation, so that there will be no excess on the cotton to run over neighboring parts. Apply daily.

(J) ℞

Resorcin, chemically pure ..... gr. 30 to 60
Distilled water ..... dr. 2

Used for the same purposes as prescription I, but for milder effect. This solution, applied on cotton, is a pleasant and powerful means of stopping nose-bleed.

(K) ℞

Guaiacol ..... oz. 2
Oil Peppermint ..... oz. 1
Olive Oil ..... oz 1

Stops pain. Apply on a cotton swab, or with a camel's hair brush, once or twice daily, in quinsy, severe inflammation of the throat and inflamed gums. Follow by application of prescription G.

(L) ℞

Glycerite of Tannic Acid ..... oz 1

Shrinks swollen membranes. Apply on a cotton wad, or with a camel's hair brush, twice daily, to the back of

the throat and to affected tonsils, to reduce congestion and inflammation, before performing an operation.

(M) ℞

Camphor
Menthol
Chloral Hydrate
Oil Betula, of each ..... dr. 2

Liniment. Apply to the outside of the throat. Relieves pain, inflammation of the larynx, and swollen glands.

(N) ℞

Ammonium Hypophosphite.....	dr. 1
Tincture Hyoscyamus.....	dr. 3
Syrup Lactucarium, enough to make ..... (Aubergier)	oz. 3

For acute cold in the head or throat. One teaspoonful, in a little water, every two or three hours, for an adult.

(O) ℞

Tincture Iron Chloride
Glycerine
Pure water, of each... . ..... oz. 3

In severe attacks of quinsy, with suppuration, severe pharyngitis, and badly inflamed tonsils, give an adult one teaspoonful in half a wineglassful of water, every two, three, or four hours.

(P) ℞

Oleum Phosphoratum.....	m. 16
Syrup Acacia,	
Mucilage Acacia, of each	oz. 2

For chronic enlargement of the glands in the neck. Give to children, from six to twelve years of age, one-half to one teaspoonful, in half a wineglassful of water, after every meal.

ZINC VERSUS SILVER.

Throughout my professional career, I have avoided the use of nitrate of silver in the nose and throat. Silver produces argyria. It thickens the mucous membranes to which it is applied; makes them heavy; and causes cirrhosis or hardening of the tissues, with chronic hoarseness, and eventually ruins the singing voice.

Zinc Iodide I have used almost daily for over thirty years. *It is an ideal astringent, resolvent, and antiseptic. It induces absorption of inflammatory deposits; relieves congestion and heaviness in the mucous membranes. It renders the membranes lighter and more elastic,* permitting *more facile movement of the faucial, pharyngeal and laryngeal* muscles, and tends to overcome the *thickness, heaviness and hardness that silver always produces.*

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